

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90062 003 ****61.25

DOCUMENT # N00000006646

1. Entity Name

THE TEMPLE OF EARTH GATHERING, INC.

Principal Place of Business

2027 MATTISON DR NORTHEAST
PALM BAY FL 32905-3941

Mailing Address

2027 MATTISON DR NORTHEAST
PALM BAY FL 32905-3941

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3680183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, JOHN R JR
2027 MATTISON DR NORTHEAST
PALM BAY FL 32905-3941

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLEMAN, JOHN R JR
2027 MATTISON DR NORTHEAST
PALM BAY FL 32905-3941 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BIELER, CATHERINE
426 EARL AVE
MELBOURNE FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AUGUSITNO, ANN M
7139 62ND ST N.
PINELLAS PARK FL 33781 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGBORG, ROBERT
1667 PARADISE LANE
DAYTONA BEACH FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMMILL, MILLCENT
22-201 ROYAL PALM WAT
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 27, 2001 (321) 729-3247

Date

Daytime Phone #

CR2E037 (10/00)